U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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AMENDED FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMEN	DED
1. File Number U - //4/6	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name JOHN: A MURPHY	Name TEAMSTERS LOCAL 25
	Labor Organization File Number 033-335
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 544 MAIN STREET	Street 544 MAIN STREET
City CHARLESTOWN	City CHARLESTOWN
State Massachusetts ZIP Code + 4 02129	State Massachusetts 88 2IP Code + 4 02129
5. Position in labor organization. RECORDING: SECRETARY/BUSINESS.	AGENT
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the set	ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)

Form LM-30 (2003)

3400 0010 2468 9080

Date

Telephone Number

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File Number U-Name of Person Filing JOHN MURPHY B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name LAW OFFICES OF REGAN ASSOCIATES, CHARTERED a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 45 SCHOOL STREET 3RD FLOOR BOSTON 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. JOHN MURPHY IS A UNION TRUSTEE OF THE FUND. THE LAW OFFICES OF REGAN ASSOCIATES, CHARTERED IS Name N. E. TEAMSTERS AND SUBSCRIBING EMPLOYERS THE SERVICE PROVIDER FOR THE FUND Trade Name, if any: GROUP LEGAL SERVICES P.O. Box, Bldg., Room No., if any Street 16 SEVER STREET 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 05/11/2004 - DINNER 562 ZIP Code + 4 02129 07/15/2004 - DINNER 07/21/2004 - DINNER 08/18/2004 - DINNER \$86 -8.832 \$87 12.b. Amount. \$267 C. Received from any employer (other than an employer covered under parts A and 8 above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State

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13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment.

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Name of Person	Filipa	TOTINI	MIDDELV
Maille of Ferson	i i iiii igi	TOHN	MURPHY

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name YELLOW/TRANSPORTATION	a. Labor Organization	
Trade Name, if any:	w	
P.O. Box, Bldg., Room No., if any P.O. BOX 7270	b. Trust	
Street 10990 ROE AVENUE	c. Employer	
City OVERLAND PARK		
State Kansas ZIP Code + 4 66207		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	COMPANY IS SIGNATORY TO THE NATIONAL MASTER FREIGH AGREEMENT WHICH COVERS SOME OF THE LOCAL UNION MEMBERS WHO ARE THEIR EMPLOYEES:	т
Trade Name, if any:		-
P.O. Box, Bldg., Room No., if any		
Street		
City		
State 1 1 2 2 2 2 2 2 2 2	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	,
	07/08/2004 - GOLF	
	12.b. Amount. \$:	37

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ı	Name of Person Filing JOHN MURPHY	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	,
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name NEW ENGLAND TEAMSTERS FEDERAL CREDIT UNION	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any P.O. BCX 1498	b. Trust
Street 23 EROADWAY	c. Employer
City ARLINGTON	
State Massachusetts ZIP Code + 4 02474-0072	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Name	JOHN A: MURPHY IS THE TREASURER OF THE CREDIT UNION: AS SUCH, HE IS REQUIRED TO ATTEND THE BOARD
Trade Name, if any:	OF DIRECTORS MEETINGS
P.O. Box, Bidg., Room No., if any	
Street:	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	MEAL CONNECTED WITH THE FOARD OF DIRECTORS MEETING
	ON \$11/08/04 - \$35
	12.b. Amount. \$35

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